FEC FORM 1

## STATEMENT OF ORGANIZATION

FOF	RM 1		ORGANIZATION (See instructions)					
								Office use only
1. NAME COMI	E OF MITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	12FE4M	5
COM	IMITTEE NIGINNE	FOR/AL	V OF SE C	OTTON (CAS	C) SOUT	HERN COTTONGRO	OWERS INC	SE CO-
سسا								
ADDRESS	6 (number ar	d street)	139 P	Prominence C	ourt			
(Che	eck if addre	ss	Ste. 1	110				
is ch	nanged)		Daws	onville			GA	30534
					CITY	i	STATE	ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)								
	eck if addre	ss	david	l@southern-s	outheast	ern;susan@southei	rn-southeasi	tern.org
ls G	iailgeu)				<u> </u>			
(Che	EE'S WE eck if addre hanged)		DDRESS (UF	RL)	<u>                                     </u>			
2. DATE M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
3. FEC IDENTIFICATION NUMBER C C00300426								
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)								
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete								
Type or Pr	int Name o	of Treasure	er <b>N</b>	Ir. David Rup	penicker			
Signature of Treasurer Electronically Filed by Mr. David Ruppenicker Date Date Date Date								
NOTE: Sub	omission of	false, erron				the person signing this Sta		nalties of 2 U.S.C. §437g.
	Office Use Only					For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)